STATE OF ALASKA DEPARTMENT OF REVENUE CHILD SUPPORT SERVICES DIVISION

550 W 7th Avenue Ste 310 Anchorage AK 99501-6699 Phone: (907) 269-6900 Fax: (907) 269-6650 TTY: (907) 269-6894 TTY In-State Toll-Free 1-800-370-6894

Check One
□ New
\Box Change
☐ Cancel

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FOR DIRECT DEPOSIT OR DIRECT PAYMENT

Only one form is needed even if you have multiple cases

Name as it appears on the bank account

CSSD member ID #	Social Security Number
(This the 8 digit Member Number assigned to yo	
I authorize the State of Alaska to: make direct deposits to the account below	(name on account must match name on the CSSD case)
take direct payments from the account des	cribed below.
Name of bank or financial institution:	
Account type:	AVINGS OTHER
Transit routing number and account number (ex	ample below):
Rob or Polly Brown 1008 Interpolls Law Wheaten, IL 60187 Pay to the Order of Dollars To Secrety details Your Financial Institution Address of Your Financial Institution City, State 12345 For #*1234567#* 1001 Routing # Account # I authorize the State of Alaska to make necessary adi	Attach a voided check or deposit slip here This will be used to verify the name, bank routing number, and account number ustments to the above account to correct any credit entries made
in error. I understand that the State will make a reas	sonable effort to notify me within 24 hours when an adjustment is I have an open child support case with the State of Alaska or
type; that I must notify CSSD if I close my account	It to change financial institutions, account numbers, or account or change my address; that the name on the child support case exits are being made; and that direct deposit will begin only after d.
Signature	Date Day phone